



Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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Public Copy/Copie du public

Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Jul 26, Aug 8, 2011; 2011_095105_0005; Critical Incident

Licensee/Titulaire de permis

CORPORATION OF THE COUNTY OF HURON
77722A London Rd, R R 5, CLINTON, ON, N0M-1L0

Long-Term Care Home/Foyer de soins de longue durée

HURONVIEW HOME FOR THE AGED
R. R. #5, LOT 50, CON 1, MUNICIPALITY OF HURON EAST, CLINTON, ON, N0M-1L0

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

JUNE OSBORN (105)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with the director of care, 1 registered nurse, 1 registered practical nurse, one personal support worker and the RAI co-ordinator.

During the course of the inspection, the inspector(s) observed the resident, interviewed staff, completed a record review, reviewed the educational records of staff related to the falls management program, and reviewed the Falls Prevention and Management Program policy A09 RC 001 11.

The following Inspection Protocols were used in part or in whole during this inspection:

Falls Prevention

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Table with 2 columns: Definitions, Définitions. Lists abbreviations for Written Notification, Voluntary Plan of Correction, Director Referral, Compliance Order, Work and Activity Order in both English and French.



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Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care
Specifically failed to comply with the following subsections:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
- (a) the planned care for the resident;
 - (b) the goals the care is intended to achieve; and
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).
- s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits sayants :

1. a) July 26, 2011 at 1012 a staff interview with a personal support worker reveals that there are 3 possible ways to get resident out of bed.

Record review reveals the plan of care indicates 2 staff use a [REDACTED] for the resident transfer and that the resident is able to weight bear. The plan of care also states when the resident is unable to weight bear use of the mechanical lift is required.

b) July 26, 2011 RAI assessment reveals the resident is at a high risk for falls. The level of risk is not indicated on the plan of care.

c) The resident has no specific strategy to deal with pain, noted on plan of care. [LTCHA, 2007 S.O. 2007, c.8, s.6(1)(c)].

2. July 26, 2011 at 1017 observed resident in a wheel chair, without the chair alarm attached as noted in the plan of care. [LTCHA, 2007 S.O. 2007, c.8, s.6(7)].

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records
Specifically failed to comply with the following subsections:

- s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
 - (b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits sayants :



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1. Jul 26, 2011 review of policy concerning falls, indicates the doctor is to be notified of each fall. Record review reveals this did not occur for several days. [O.Reg.79/10,s.8(1)(b)].

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance, to be implemented voluntarily.

Issued on this 12th day of August, 2011

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

A handwritten signature in cursive script, appearing to read "June Osborn", written in black ink on a white background.



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under the Long-Term
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Date(s) of inspection/Date de l'inspection July 26, 2011	Inspection No/ No de l'inspection 2011_095105_0005	Type of Inspection/Genre d'inspection Critical incident
Licensee/Titulaire de permis Corporation of the County of Huron 77722 London Road R.R.#5 Clinton ON N0M1L0		
Long-Term Care Home/Foyer de soins de longue durée Huronview HFA		
Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs June Osborn #105		

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT
CONFORME AUX EXIGENCES:**

(Please delete empty rows. Ensure the signature box is on the same page as the last row of corrected requirement.)

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ORDER #/ GENRE DE MESURE/ORDRE NO	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg.79/10, s.49(2)	WN/VPC	2010_112_9541_15Sept0 91215	#112

Issued on this 15 day of September, 2010.

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs:

